

**PETITION FOR EXTENSION OF TIME  
UNDER 37 CFR 1.136(a)**

**FY 2009**

*(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)*

Docket Number

Q94241

Confirmation Number

2355

Application Number 10/574,479

Filing Date October 5, 2006

For NERVE REGENERATION PROMOTERS

Art Unit 1617

Examiner Name CARTER, KENDRA D

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|   | Fee       | Small Entity Fee |                |
|---|-----------|------------------|----------------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130.00  | \$65.00          | \$130.00 _____ |
| <input type="checkbox"/> Two month (37 CFR 1.17(a)(2))            | \$490.00  | \$245.00         | _____          |
| <input type="checkbox"/> Three month (37 CFR 1.17(a)(3))          | \$1110.00 | \$555.00         | _____          |
| <input type="checkbox"/> Four month (37 CFR 1.17(a)(4))           | \$1730.00 | \$865.00         | _____          |
| <input type="checkbox"/> Five month (37 CFR 1.17(a)(5))           | \$2350.00 | \$1175.00        | _____          |

- Previous Payment Amount \_\_\_\_\_ Date Submitted \_\_\_\_\_
- Applicant claims small entity status. See 37 CFR 1.27
- A check in the amount of the fee is enclosed.
- Payment by credit card.
- The Director has already been authorized to charge fees in this application to a Deposit Account.
- The Director is hereby authorized to charge any fees, **except for the Issue Fee and the Publication Fee**, or credit any overpayment, to Deposit Account Number 19-4880.

- I am the
- applicant/inventor
  - assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
  - attorney or agent of record. Registration Number 30,951
  - attorney or agent under 37 CFR 1.34. \_\_\_\_\_
  - Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

WASHINGTON DC  
SUGHERLE/265550  
**65565**  
CUSTOMER NUMBER

  
\_\_\_\_\_  
Signature

October 21, 2010  
\_\_\_\_\_  
Date

Susan J. Mark  
\_\_\_\_\_  
Typed or printed name

(202) 293-7060  
\_\_\_\_\_  
Telephone Number

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 form is submitted.